



RETURN THIS FORM TO:

**CONSUMER PROTECTION UNIT
DEPARTMENT OF JUSTICE
STATE OF DELAWARE
820 NORTH FRENCH STREET, 5TH FLOOR
WILMINGTON, DELAWARE 19801
Phone: (302) 577-8600 or (800) 220-5424
Fax: (302) 577-6499
Email: consumer.protection @state.de.us**

FOR OFFICE USE:

Case #:

Investigator:

COMPLAINT STATEMENT

Your Name:

Name of Person or Business

Complaint is Against:

Your Home Address:

Location:

Number and Street

Number and Street

Development (if any)

City

City

State and Zip Code

State and Zip Code

Phone Number(s): _____

Email address: _____

Phone numbers:

Home _____

Work _____

Other _____

Email address: _____

Please PRINT or TYPE your complaint in detail. You may add additional sheets if necessary:

Have you filed a complaint with the Better Business Bureau?

Have you reported this complaint to any other agency or to the police? If so, to whom?

Are you involved in a court action with the person or business this complaint is about? If so, explain.

What result do you hope to get as a result of this complaint?

Attach COPIES, not originals, of all papers that relate to this complaint, including papers such as advertisements, contracts, receipts, bills, cancelled checks, written agreements, letters or emails.

READ THE FOLLOWING CAREFULLY BEFORE SIGNING BELOW:

- I have attached **copies** of all papers that relate to this complaint.
- I understand that in order to successfully handle this complaint the Consumer Protection Unit may need to send this complaint to the person or business I have complained about. **YOU MUST CHECK ONE OF THE FOLLOWING:**
 - ___ You have my permission to send this complaint to the person or business I have complained about.
 - ___ You ***do not*** have my permission to send this complaint to the person or business I have complained about.
- The information contained in this complaint is true to the best of my knowledge.

Signature

Date